

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525374

FILING DATE

2/23/05

APPLICANT(S)

1-4-08

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1		
3				2		
4				2		
5				2		
6				1		
7			1			
8				1		
9				1		
10	1		1			
11						
12				2		
13				1		
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50						
TOTAL IND.	3		3			
TOTAL DEP.	14		14			
TOTAL CLAIMS	17		17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						